FEC

STATEMENT OF

FORM 1	(See instructions)		Office use only
NAME OF COMMITTEE (in	full) (Check if nam is changed)	e Example: If typying, type over the lines	12FE4M5
Friends of Be	nnie Thompson		
ADDRESS (number and	P.O. Box 100		
(Check if addr is changed)	Bolton		MS 39041 -
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA bennie thomp	IL ADDRESS oson@bellsouth.net		I
			<u></u>
	DAGE ADDRESS (UDI.)		
benniegthom	PAGE ADDRESS (URL)		
COMMITTEE'S FAX I 601-866-4200	NUMBER		
2. DATE M 1			
3. FEC IDENTIFICATION NUMBER C C00279851			
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)			
I certify that I have exam	ined this Statement and to the best of m	ny knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Reuben V. A	nderson	
Signature of Treasure	Electronically Filed by Reub	en V. Anderson	Date 12 / 20 / YYYYY
NOTE: Submission of fa	•	on may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ssion FEC FORM 1